REST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

5500-66/00

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			30					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			30 minus 20=		· 10			X\$ 9=		OR	X\$18=	120	
INDEPENDENT CLAIMS			6 minus 3 =		. 3			X40=		OR	X80=	240	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+135=		OR	+270=	70	
* If the difference in column 1 is less than zero, enter "0" in column 2							1	TOTAL		OR	TOTAL	1130	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL E	NTITY	OR	OTHER SMALL I		
		CLAIMS			HEST	(Column 3)	1 1) I			
ENT A		REMAINING AFTER AMENDMENT		NUM PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT A	Total	*	Minus	**		=		X\$ 9=		OŖ	X\$18=		
	Independent	*	Minus	_ ***		=	1	X40=		OR	X80=		
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		or	+270=		
					·			TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)	-		mn 2)	(Column 3)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
AMENDMENT &		CLAIMS REMAINING AFTER AMENDMENT		_ NUN	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	* NTATION OF M	Minus	***	T CL AIM	=		X40=		OR	X80=	-	
	THOTFALSE	TATALION OF IM	OETH EE DEI	LINDLIN	T.OLAIIVI		J	+135=		OR	+270=		
										OR	TOTAL ADDIT. FEE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER IOUSLY) FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	•	Minus	***]=		X40=		OR	X80=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									1			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=		
٠٠	** If the entry in column 1 is less than the entry in column 2, write '0' in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												